

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000088

STATE FILE NUMBER

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 21

AMENDED

FILED FEB 6 1962

|   |                                  |   |  |   |  |  |   |
|---|----------------------------------|---|--|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Audrain</b>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Audrain</b> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Mexico</b>  |                                  | Length of stay in 1b<br><b>Yrs</b>  |  | c. CITY OR TOWN <b>Mexico</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>408 N. Calhoun</b>  |                                  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>408 N. Calhoun</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>William Horace McCoy</b>   |                                  |   |  | 4. DATE OF DEATH Month Day Year<br><b>January 25, 1962</b>  |  |  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>1-7-91</b>   | 9. AGE (last birthday)<br><b>71</b>                                    | IF UNDER 1 YEAR<br>Months Days Hours Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Warehouse manager</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Shoe Co</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>Forristel, Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |   |
| 13a. FATHER'S NAME<br><b>L. W. McCoy</b>  |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Missouri Hughes</b>                                  |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Laura D. McCoy</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)   |                                  |   | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>   |   | 17. INFORMANT Address<br><b>Mrs. W. H. McCoy, Mexico, Mo.</b>          |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b><br>DUE TO (b) <b>Congestive Heart Failure</b><br>DUE TO (c) <b>Ural Pneumonia</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>instant</b><br><b>2 weeks</b><br><b>4 weeks</b>   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                                  |   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |  |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   |                                  |   |  |   |  |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY STATE   |   |
| 21. I attended the deceased from <b>December 21, 1961</b> to <b>death</b> and last saw him alive on <b>Jan 21, 1962</b><br>Death occurred at <b>3:30 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |                                  |   |  |   |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Lamine H. Kyle MD</b>  |                                  |   |  | 22b. ADDRESS<br><b>Mexico Mo</b>  |  | 22c. DATE SIGNED<br><b>1-26-62</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>1-26-62</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>East Lawn Mem. Park</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Mexico, Missouri</b>   |   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Arnold Funeral Home, Mexico, Mo.</b>   |                                  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>JAN-26-1962</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Blanche Neely</b>  |   |

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APPROVED BY R. E. Eppel, M.D.

FEB 7 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard Y. Medina

Licensed Embalmer No. 4825

P. O. Address Medina

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.